

Case Number:	CM15-0214199		
Date Assigned:	11/04/2015	Date of Injury:	04/21/2001
Decision Date:	12/22/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old female, who sustained an industrial injury on 04-21-2001. A review of the medical records indicates that the worker is undergoing treatment for cervical sprain and strain with severe spondylosis, status post left shoulder decompression x2 with revisions and right shoulder girdle sprain and strain with chronic tendinopathy. Subjective complaints on 07-23-2015 and 08-20-2015 included 8 out of 10 left shoulder and neck pain that decreased to 4 out of 10 after the use of pain medication. Subjective complaints (09-17-2015) included left neck and shoulder pain. The worker noted being unable to function without pain medication and reported 50% reduction in pain and functional improvement with activities of daily living with the use of pain medication, however the duration of pain relief was not documented and the specific functional improvements seen with medication were not documented. There was also no documentation of average pain and least reported pain. Objective findings (07-23-2015, 08-20-2015 and 09-17-2015) included limited range of motion of the left shoulder with crepitus and positive impingement sign, limited range of motion of the neck, pain with cervical compression and weakness in the left shoulder to abduction, right shoulder crepitus and positive impingement sign. Treatment has included Tylenol with Codeine (since at least 02-05-2015), Mobic, Pamelor, Baclofen, Celebrex, Lorzone and Nucynta. The physician noted that Tylenol with Codeine was being requested for severe pain and Zorvolex was being requested for inflammation. A utilization review dated 10-05-2015 non-certified requests for Zorvolex 35 mg #90 and Tylenol with codeine #3, #120.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zorvalex 35mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Zorvolax (Diclofenac).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the neck and left shoulder. The current request is for Zorvalex 35mg #90. The treating physician report dated 9/17/15 (136B) states; She states she cannot function without pain medication. She has been using Tylenol with Codeine at night to help offset pain so she can sleep. She reports 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all. Regarding NSAIDs, MTUS page 68 states, There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a record of pain and function with the medication was found in the medical reports provided for review. Furthermore, according to the report dated 9/17/15 (136B) the patient is receiving a 50% reduction in pain level with her current medication regimen. The current request satisfies the MTUS guidelines as there is documentation in the medical reports provided, of functional improvement and evidence of the medications efficacy in treating the patient's symptoms. The current request is medically necessary.

Tylenol with codeine #3 #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient presents with pain affecting the neck and left shoulder. The current request is for Tylenol with codeine #3 #120. The treating physician report dated 9/17/15 (136B) states; She states she cannot function without pain medication. She has been using Tylenol with Codeine at night to help offset pain so she can sleep. She reports 50% reduction in pain and functional improvement with activities of daily living with the medications versus not taking them at all. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's

decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior).The report dated 9/17/15 notes that the patient's pain has decreased by 50% while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADLs have improved and the medication has allowed her to sleep. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Tylenol with codeine #3 has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.